

2002 MINNESOTA WING SUMMER ENCAMPMENT APPLICATION FORM

PLEASE COMPLETE THIS FORM LEGIBLY. CHECK THE ATTACHED LETTER FOR ELIGIBILITY INFORMATION AND POSTMARK DEADLINES. ALL APPLICATIONS POSTMARKED AFTER 08 MAY 2002 WILL BE ASSESSED A \$25.00 LATE FEE.

NAME (Last Name, First Name, Middle Initial)			JOINED CAP: MM YY		TELEPHONE Home: Alternate: Work: Fax: Cell/Pager:	
CAPSN	CAPID	CAP Grade	AGE	DOB		
MAILING ADDRESS (Number and Street)						
(City)		(State)	(Zip Code)			
E-MAIL ADDRESS			UNIT CHARTER	SQUADRON NAME:	WING	REGION

Have you graduated from a previous encampment? ☐ YES ☐ NO

Please circle which city you live closest to:

Twin Cities St. Cloud Duluth Grand Rapids Bemidji Rochester

RELEASE BY PARTICIPANT

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for Civil Air Patrol Special Activities or Encampments, and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this activity of encampment at the first available opportunity and with full knowledge that such activity may include:

1. Traveling by land, sea, or air in US military, commercial, or privately owned vehicles from regular place or residence to the site of the activity or encampment, travel incident to the activity or encampment, and subsequent return to place of residence.
2. Participation in aeronautical activities as a passenger or student trainee in US military, commercial, or privately owned aircraft.
3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
4. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.
5. Remaining with the cadet group I am assigned to at all times during the activity or encampment.
6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment.
7. Refraining from argumentative discussions concerning governmental policies.

In consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto.

DATE

SIGNATURE OF APPLICANT

RELEASE BY PARENTS OR GUARDIAN

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity or encampment referred to above, In consideration of the permission extended to my child by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents and employees acting official or otherwise, from any and all claims, demands, actions or causes of action, on account of the death or on account of any injury to my child which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto. In addition, by my signature below, I certify the applicant:

1. Is my minor child or ward.
2. Has no history or injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, or other staff members. If not following the above mentioned rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity directory at my expense.

However, in case of injury, disease or other illness, permission is hereby granted to treat the applicant as required, and if the applicant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

DATE

WITNESS FOR FATHER'S SIGNATURE

FATHER OR LEGAL GUARDIAN

WITNESS FOR MOTHER'S SIGNATURE

MOTHER OR LEGAL GUARDIAN

HOLD HARMLESS AGREEMENT BETWEEN PARTICIPANT/PARENT/GUARDIAN AND GRAND FORKS AFB

It is hereby agreed that I am a voluntary participant in the Civil Air Patrol's Encampment held on Grand Forks Air Force Base, North Dakota, from 15 June to 23 June 2001. I understand that use of this military installation is a privilege and in exchange for using certain facilities on the base, I agree to indemnify and hold harmless the United States Air Force, its members, employees, contractors, and assigns from any suit, claim or damages resulting from my participation in this encampment while on Grand Forks AFB.

Participant's Signature

Parent/Guardian signature if participant is under 18

Date

SQUADRON CERTIFICATION

I certify that the above information is correct and that all requirements for attendance will be completed by the required dates. This applicant has my approval to attend the 2001 Minnesota Wing Summer Encampment.

SQUADRON COMMANDER

MEDICAL INFORMATION - TO BE COMPLETED BY ALL APPLICANTS

HAVE YOU EVER HAD AN FAA OR OTHER FLIGHT PHYSICAL DENIED, SUSPENDED, OR REVOKED? ☐ NO ☐ YES (Give the date and reason in the remarks section.)

DO YOU CURRENTLY USE ANY MEDICATION? (Including eye drops) ☐ NO ☐ YES (List any medication taken and the reason in the remarks section.)

HAVE YOU HAD OR BEEN INVOLVED IN AN ACCIDENT IN THE PAST 2 YEARS? ☐ NO ☐ YES (Explain the extent of your injuries and treatment required in the remarks section.)

HAVE YOU HAD OR HAVE NOW ANY OF THE FOLLOWING? (If yes is answered on any items, please explain why in the remarks section with dates and physician(s) consulted (if any). Items not specifically noted below having the potential to interfere with performance during the special activity or encampment should be documented in the remarks section.)

<input type="checkbox"/> NO <input type="checkbox"/> YES	Frequent or severe headaches	<input type="checkbox"/> NO <input type="checkbox"/> YES	Ear infections	<input type="checkbox"/> NO <input type="checkbox"/> YES	Chronic diseases like Diabetes or Bronchitis
<input type="checkbox"/> NO <input type="checkbox"/> YES	Dizziness or fainting spells	<input type="checkbox"/> NO <input type="checkbox"/> YES	Rupture	<input type="checkbox"/> NO <input type="checkbox"/> YES	Girls only - Menstrual cramps
<input type="checkbox"/> NO <input type="checkbox"/> YES	Unconsciousness for any reason	<input type="checkbox"/> NO <input type="checkbox"/> YES	Positive TB skin test	<input type="checkbox"/> NO <input type="checkbox"/> YES	Other illness or accidents
<input type="checkbox"/> NO <input type="checkbox"/> YES	Eye trouble, excluding glasses	<input type="checkbox"/> NO <input type="checkbox"/> YES	Epilepsy or fits	<input type="checkbox"/> NO <input type="checkbox"/> YES	Military rejection or medical discharge
<input type="checkbox"/> NO <input type="checkbox"/> YES	Hay fever	<input type="checkbox"/> NO <input type="checkbox"/> YES	Kidney stones or blood in urine	<input type="checkbox"/> NO <input type="checkbox"/> YES	Rejection for life insurance
<input type="checkbox"/> NO <input type="checkbox"/> YES	Sugar or albumin in urine	<input type="checkbox"/> NO <input type="checkbox"/> YES	Motion sickness	<input type="checkbox"/> NO <input type="checkbox"/> YES	Admission to hospital
<input type="checkbox"/> NO <input type="checkbox"/> YES	Heart trouble	<input type="checkbox"/> NO <input type="checkbox"/> YES	Nervous trouble of any sort	<input type="checkbox"/> NO <input type="checkbox"/> YES	Record of traffic convictions
<input type="checkbox"/> NO <input type="checkbox"/> YES	High or low blood pressure	<input type="checkbox"/> NO <input type="checkbox"/> YES	Any known allergies	<input type="checkbox"/> NO <input type="checkbox"/> YES	Record of other convictions
<input type="checkbox"/> NO <input type="checkbox"/> YES	Stomach trouble	<input type="checkbox"/> NO <input type="checkbox"/> YES	Any drug or narcotic habit	<input type="checkbox"/> NO <input type="checkbox"/> YES	Attempted suicide
<input type="checkbox"/> NO <input type="checkbox"/> YES	Asthma	<input type="checkbox"/> NO <input type="checkbox"/> YES	Chronic or recurring injuries	<input type="checkbox"/> NO <input type="checkbox"/> YES	Medical treatment within the past 5 years other than regular office visits or physicals

IMMUNIZATIONS

FAMILY PHYSICIAN (Name, address, and phone number)

INSURANCE INFORMATION

☐ Medical
Company

☐ Liability
Company

Policy Number

Policy Number

EMERGENCY ADDRESSEE - PARENT, GUARDIAN, OR CLOSEST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY

Name

Relationship

Address

Day Telephone

Night Telephone

REMARKS

APPLICATION CHECKLIST

☐ APPLICATION IS FILLED OUT COMPLETELY AND LEGIBLY

☐ REQUIRED SIGNATURES HAVE BEEN OBTAINED: PARENT (IF CADET UNDER 18), APPLICANT, UNIT COMMANDER

☐ CHECK OR MONEY ORDER IS ATTACHED MADE OUT TO "MINNESOTA WING, CAP" IN THE AMOUNT OF \$115.00 (\$140.00 IF SUBMITTED AFTER DUE DATE)

☐ MAIL TO THE FOLLOWING ADDRESS: **MNWG HQ/ENCAMPMENT APPS, PO BOX 11230, ST PAUL, MN 55111-0230**